

FROM : LARRY EASLEY

FAX NO. : 7018331160

Jun. 02 2008 03:40PM P1

County: Copiah
 Name: LARRY Easley
 Date drilling completed: 4-21-08

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: E-92
 E.S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner
 (Landowner if borehole is not for a water well)
 Well Name: Dennis Isonhood
 Well or Borehole Location
 Latitude: 31° 37' 47" Longitude: 90° 16' 23"
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 Twp: 35 N, Rng: 1W
 Distance: _____ Miles Direction: _____ of Nearest Town: _____
 City: _____ State: _____ Zip Code: _____
 Telephone No.: _____

Well / Borehole Data
 Date drilling started: 4-19 Date drilling completed: 4-21 Hole depth: 420 Hole diameter: 7 7/8
 Location of the source of any surface water used for drilling: Well
 Method of casing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): No log run Electric Gravity Density Sonic Neutron Other: _____
 Name of organization running logs: DEQ
 Purpose of borehole (check one): Water Well Geotechnical/Geological investigation Ground Source Heat Pump Seismic Survey Other (describe): _____
 If drilling is not related to water well construction, skip the remainder of this block
 Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Is flowing well, method of flow regulation: Valve _____ Other (describe): _____
 Static Water Level: 190 feet above or below (circle one) land surface Date measured: 4-29-08
 Method of Measurement (circle one): Steel tap electric tape air line other: _____
 Well depth: 380 feet well grouted to a depth of 10 feet Type of grout (circle one): neat cement Bentonite Mix
 Casing length: 340 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: 006 inches Setting depth: From 340 feet to 380 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: _____ feet. Telescoped or more than one screen, describe on next page

FROM : LARRY EASLEY

FAX NO. : 7018331160

Jun. 02 2008 03:41PM P2

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P O Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)54-6938 (fax)

For Office Use Only

Aquifer _____

Well # E-92

Elevation _____

County Copiah
 Permit # _____
 Installer _____
 Date completed 7-30-08

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information
 Owner Name Dennis Fsonhood
 Mailing Address _____

 City _____ State _____ Zip Code _____
 Telephone No. (_____) _____

Well Location
 Latitude _____ Longitude _____
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad. Hand-held GPS. Survey-grade

 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type
 Circle one
 Jet Submersible
 Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify) _____
 Date Pump Installed 4-30
 Rated Pump Capacity 12 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Turbo
 Windmill Other (specify) _____
 Horse Power Rating of Motor 1
 Setting Depth 240 feet
 Number of Stages: 12

Pump Test Data
 Date Well Tested 4-30
 Static Water Level (A) 190 Feet Below Land Surface
 Pumping Water Level (B) 198 Feet Below Land Surface
 Drawdown ((B) - (A)) 8 Feet Below Land Surface
 Test Pumping Rate 12 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours) 4 hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line
 Other (specify): _____
 For flowing well, measured shut in head: _____
 Well yielded 12 GPM with a drawdown of _____
8 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge
LARRY EASLEY 510
 Print Name of Pump Installer and License No. (if applicable)

 Signature of Pump Installer